



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Declaration for Patent Application☐ Supplemental (37 C.F.R. §1.67)

As a named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated next to my name;

I believe I am the original, first and sole inventor (if only one name is listed) or an original, first and joint inventor (if plural names are listed in the signatory page(s) commencing at page 2 hereof) of the subject matter which is claimed and for which a patent is sought on the invention entitled

3-D IMAGING SYSTEM

the specification of which (check one)

☐ is attached hereto.☒ was filed on September 17, 2003 as United States Application Number 10/664,412.☐ was filed on [PCT Filing Date] as PCT International Application No. [PCT Appl'n No.] **[OPTION]** and assigned United States Application No. [ ]].☐ and was amended on [ ] (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119 or 365 of any foreign application(s) for patent or inventor's certificate, or of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed:

<u>Prior Foreign Application(s)</u>			Priority Not Claimed	Certified Copy Filed?	
				YES	NO
<u>(Number)</u>	<u>(Country)</u>	<u>(Day/Month/Year filed)</u>	[ ]	[ ]	[ ]
<u>(Number)</u>	<u>(Country)</u>	<u>(Day/Month/Year filed)</u>	[ ]	[ ]	[ ]
<u>(Number)</u>	<u>(Country)</u>	<u>(Day/Month/Year filed)</u>	[ ]	[ ]	[ ]

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole

or first inventor Douglas P. Hart

Inventor's Signature [Signature] Date 3/2/04

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inventor, if any Janos Rohaly

Inventor's Signature [Signature] Date 3/11/04

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<b>REVOCACTION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/664412-Conf. #3200
	Filing Date	September 17, 2003
	First Named Inventor	Douglas P. Hart
	Art Unit	2851
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	MIT-002

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: **00959**☒ Please change the correspondence address for the above-identified application to:☒ The address associated with  
Customer Number:**00959**

OR

☒ Firm or  
Individual Name **LAHIVE & COCKFIELD, LLP**  
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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	<b>Rita M. Filipowicz</b>		
Signature			
Date	<b>5/24 / 04</b>	Telephone	<b>(617) 253-6966</b>

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of **1** forms are submitted.